

parts of the total SCIC adjustment determined at the end of the 60-day episode.

§ 484.240 Methodology used for the calculation of the outlier payment.

(a) CMS makes an outlier payment for an episode whose estimated cost exceeds a threshold amount for each case-mix group.

(b) The outlier threshold for each case-mix group is the episode payment amount for that group, the PEP adjustment amount for the episode or the total significant change in condition adjustment amount for the episode plus a fixed dollar loss amount that is the same for all case-mix groups.

(c) The outlier payment is a proportion of the amount of estimated cost beyond the threshold.

(d) CMS imputes the cost for each episode by multiplying the national per-visit amount of each discipline by the number of visits in the discipline and computing the total imputed cost for all disciplines.

(e) The fixed dollar loss amount and the loss sharing proportion are chosen so that the estimated total outlier payment is no more than 5 percent of total payment under home health PPS.

§ 484.245 Accelerated payments for home health agencies.

(a) *General rule.* Upon request, an accelerated payment may be made to an HHA that is receiving payment under the home health prospective payment system if the HHA is experiencing financial difficulties because there is a delay by the intermediary in making payment to the HHA.

(b) *Approval of payment.* An HHA's request for an accelerated payment must be approved by the intermediary and CMS.

(c) *Amount of payment.* The amount of the accelerated payment is computed as a percentage of the net payment for unbilled or unpaid covered services.

(d) *Recovery of payment.* Recovery of the accelerated payment is made by recoupment as HHA bills are processed or by direct payment by the HHA.

§ 484.250 Patient assessment data.

An HHA must submit to CMS the OASIS data described at § 484.55(b)(1)

and (d)(1) in order for CMS to administer the payment rate methodologies described in §§ 484.215, 484.230, 484.235, and 484.237.

§ 484.260 Limitation on review.

An HHA is not entitled to judicial or administrative review under sections 1869 or 1878 of the Act, or otherwise, with regard to the establishment of the payment unit, including the national 60-day prospective episode payment rate, adjustments and outlier payments. An HHA is not entitled to the review regarding the establishment of the transition period, definition and application of the unit of payments, the computation of initial standard prospective payment amounts, the establishment of the adjustment for outliers, and the establishment of case-mix and area wage adjustment factors.

§ 484.265 Additional payment.

QIO photocopy and mailing costs. An additional payment is made to a home health agency in accordance with § 476.78 of this chapter for the costs of photocopying and mailing medical records requested by a QIO.

[68 FR 67960, Dec. 5, 2003]

PART 485—CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

Subpart A [Reserved]

Subpart B—Conditions of Participation: Comprehensive Outpatient Rehabilitation Facilities

Sec.

485.50 Basis and scope.

485.51 Definition.

485.54 Condition of participation: Compliance with State and local laws.

485.56 Condition of participation: Governing body and administration.

485.58 Condition of participation: Comprehensive rehabilitation program.

485.60 Condition of participation: Clinical records.

485.62 Condition of participation: Physical environment.

485.64 Condition of participation: Disaster procedures.

485.66 Condition of participation: Utilization review plan.

485.70 Personnel qualifications.

485.74 Appeal rights.

§ 485.50

Subparts C–E [Reserved]

**Subpart F—Conditions of Participation:
Critical Access Hospitals (CAHs)**

- 485.601 Basis and scope.
- 485.602 Definitions.
- 485.603 Rural health network.
- 485.604 Personnel qualifications.
- 485.606 Designation and certification of CAHs.
- 485.608 Condition of participation: Compliance with Federal, State, and local laws and regulations.
- 485.610 Condition of participation: Status and location.
- 485.612 Condition of participation: Compliance with hospital requirements at the time of application.
- 485.616 Condition of participation: Agreements.
- 485.618 Condition of participation: Emergency services.
- 485.620 Condition of participation: Number of beds and length of stay.
- 485.623 Condition of participation: Physical plant and environment.
- 485.627 Condition of participation: Organizational structure.
- 485.631 Condition of participation: Staffing and staff responsibilities.
- 485.635 Condition of participation: Provision of services.
- 485.638 Condition of participation: Clinical records.
- 485.639 Condition of participation: Surgical services.
- 485.641 Condition of participation: Periodic evaluation and quality assurance review.
- 485.643 Condition of participation: Organ, tissue, and eye procurement.
- 485.645 Special requirements for CAH providers of long-term care services (“swing-beds”).
- 485.647 Condition of participation: psychiatric and rehabilitation distinct part units.

Subpart G [Reserved]

**Subpart H—Conditions of Participation for
Clinics, Rehabilitation Agencies, and
Public Health Agencies as Providers of
Outpatient Physical Therapy and
Speech-Language Pathology Services**

- 485.701 Basis and scope.
- 485.703 Definitions.
- 485.705 Personnel qualifications.
- 485.707 Condition of participation: Compliance with Federal, State, and local laws.
- 485.709 Condition of participation: Administrative management.
- 485.711 Condition of participation: Plan of care and physician involvement.
- 485.713 Condition of participation: Physical therapy services.

42 CFR Ch. IV (10–1–05 Edition)

- 485.715 Condition of participation: Speech pathology services.
- 485.717 Condition of participation: Rehabilitation program.
- 485.719 Condition of participation: Arrangements for physical therapy and speech pathology services to be performed by other than salaried organization personnel.
- 485.721 Condition of participation: Clinical records.
- 485.723 Condition of participation: Physical environment.
- 485.725 Condition of participation: Infection control.
- 485.727 Condition of participation: Disaster preparedness.
- 485.729 Condition of participation: Program evaluation.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)).

SOURCE: 48 FR 56293, Dec. 15, 1982, unless otherwise noted. Redesignated at 50 FR 33034, Aug. 16, 1985.

Subpart A [Reserved]

**Subpart B—Conditions of Participation:
Comprehensive Outpatient Rehabilitation Facilities**

§ 485.50 Basis and scope.

This subpart sets forth the conditions that facilities must meet to be certified as comprehensive outpatient rehabilitation facilities (CORFs) under section 1861(cc)(2) of the Social Security Act and be accepted for participation in Medicare in accordance with part 489 of this chapter.

§ 485.51 Definition.

As used in this subpart, unless the context indicates otherwise, “*comprehensive outpatient rehabilitation facility*”, “*CORF*”, or “*facility*” means a nonresidential facility that—

- (a) Is established and operated exclusively for the purpose of providing diagnostic, therapeutic, and restorative services to outpatients for the rehabilitation of injured, disabled, or sick persons, at a single fixed location, by or under the supervision of a physician; and
- (b) Meets all the requirements of this subpart.